



California Department of Mental Health

Mental Health Services Act **Accountability**

Measuring Specific Outcomes and Performance

A presentation for the

Stakeholder Workgroup Meeting

June 23, 2005

ACCOUNTABILITY



One component of accountability is the effectiveness of services, supports and activities as measured by ***individual client outcomes and community impact.***

The other component is the demonstration that the mental health system is *performing appropriately* in providing services, supports, and activities - that is, ***doing what it said it would do.***

These are the two “arms of accountability”:

- They hold the MHSA transformational processes up to the light
- They demonstrate that the mental health system is reaching out to both individuals and the community in ways that produce positive results.

PERFORMANCE MEASUREMENT

PUBLIC / COMMUNITY- IMPACT LEVEL

(Evaluation of Global Impacts and Community-Focused Strategies)

Mental Health
Promotion
and
Awareness

Mental Health
System
Structure /
Capacity in
Community

Community
Reaction /
Evaluation /
Satisfaction with
regard to mental
health system

Large-Scale
Community
Indicators

MENTAL HEALTH SYSTEM ACCOUNTABILITY LEVEL

(Evaluation of Community Integrated Services and Supports – *Program/System-Based Measurement*)

Monitoring /
Quality
Assurance /
Oversight
(multi-
stakeholder
process)

Client / Family
Satisfaction /
Evaluation of
Services and
Supports

Staff / Provider
Evaluation /
Satisfaction
with regard to
mental health
system

INDIVIDUAL CLIENT LEVEL

(Evaluation of Community Integrated Services and Supports – *Individual Client Tracking*)

Client and
Services
Tracking

Individual
Client
Outcomes
Tracking

The focus for this part of the stakeholder workgroup meeting:

- **Prioritizing outcomes and measurement areas**
- **Mapping desired client/community outcome indicators and mental health system performance indicators to the three levels (last slide)**
- **Describing potential methods of measurement**

Purpose of your feedback today:

The results of the workgroup will be used as recommendations to the Performance Measurement Committee and the Department of Mental Health.

Consider recommending someone or yourself to be a member of the Performance Measurement Committee. A description of the committee and nomination form are available on the DMH Mental Health Services Act website at www.dmh.ca.gov/MHSA/default.asp .

Outcomes & Performance Indicators

The Program and Expenditure Plan Requirements document for the Mental Health Services Act--Community Services and Supports stipulates that:

County proposals will be evaluated for their contribution to meeting specific outcomes for the individuals served including:

§ *Meaningful use of time and capabilities, including things such as employment, vocational training, education, and social and community activities*

§ *Safe and adequate housing, including safe living environments with family for children and youth; reduction in homelessness*

§ *A network of supportive relationships*

§ *Timely access to needed help, including times of crisis*

§ *Reduction in incarceration in jails and juvenile halls*

§ *Reduction in involuntary services, reduction in institutionalization, and reduction in out of home placements.*

Outcomes & Performance Indicators

Also, specific outcome and performance areas have been identified by recent and previous stakeholder input processes:

▪ <i>Recovery and wellness</i>	▪ <i>Substance use</i>
▪ <i>Housing</i>	▪ <i>Quality of life</i>
▪ <i>Criminal and/or juvenile justice system involvement</i>	▪ <i>Illness self-management</i>
▪ <i>Employment/education</i>	▪ <i>Social/community connectedness</i>
▪ <i>Hospitalization (acute/long term restrictive levels of care)</i>	▪ <i>Individualized service plan goals</i>
▪ <i>Income/entitlements</i>	▪ <i>Physical health</i>
▪ <i>Family preservation</i>	▪ <i>Out-of-home placement</i>
▪ <i>Symptoms/suffering</i>	▪ <i>Non-public school placement</i>
▪ <i>Suicide</i>	▪ <i>Graduation rates for children/youth diagnosed with serious emotional disorders</i>
▪ <i>Functioning</i>	▪ <i>Child welfare status</i>

Our first goal:

To prioritize outcome and performance areas.

Although the decisions may be difficult to make, DMH would like recommendations with respect to which outcomes and performance areas are most critical and should be addressed first, and which might not be quite as high a priority to measure immediately.

Our second goal:

To take the outcome and performance areas and make suggestions for the level(s) at which they should be measured, that is,

- (1) At the individual client level,
- (2) The program/system accountability level, or
- (3) The community impact level.

More than one level may apply for some of the outcome and performance areas listed.

Our third goal:

To identify and recommend how the outcome and performance areas might be measured at the level(s) selected. There are a number of general ways in which these issues can be measured:

- § Client and services information (electronic record) system
- § Key event tracking methods
- § Surveys (including standardized clinical measures)
- § Chart /process reviews
- § Special studies (e.g., interviews, focus groups, tailored assessments) / Linking to external databases

Please also consider the need for comparisons

In most cases, it will be necessary to determine change and progress.

Measurement methods will need to be designed that compare data over time and across other variables of interest.

Feedback Forms:

- ❖ **Prioritization and Mapping of Outcome and Performance Areas**
- ❖ **Methods of Measurement**